EXHIBIT 3

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*	CONTROL OF THE STREET OF THE S	Intion Based on Medical Reasons
New York State ha volunteers who ar	s mandeted the COVID-19 vectine for hospingen in activities such that if they were to	pital stell, including employees, contract staff, students, and
covered personnel	or patients to the disease, except in the co	ifected with COVID-19, they could potentially expose other
This form is for sta	ff members seeking a reasonable accomm	nodation based on medical reasons, in accordance with the
immunitation with	COVID-14 vaccing would be determined to	o physician or cartified nurse practitioner must certify that
		or mastr of the employee based upon a pre-existing health ion must be in accordance with generally accepted medical mittee on immunization Practices of the U.S. Department of
Health and Human Employee Senefits O		form to the Human Resources Management Department,
Employee Name	mpleted by the employee:	The following of the state of t
rinbiokes lagitte	Nicole Smith	
Department		Constitution (See Section 2015) See Section (Section 2015) Section 2015) Section (Section 2015) Section (Section 2015) Section 2015)
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tatus seems as a see to the		Survey of the Paris of the form your
rovider Contact into Thorizing represent	ormation: Please provide the provider tatives from the Employee Benefits Of	information requested below. By signing this form, you a fice to contact your provider regarding this request.
rovider Name	a same of the section	- And a first state of the state of the first of the state of the stat
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ame of Practice	Ken-Ton Care Center	The state of the s
cility Address	2625 Delaware Avenue, Ste 124	And William of the State of the
k k de	Buffalo, NY 14216	A THE PROPERTY OF THE PROPERTY
ephone Number	(716) 447 -64.	50
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Number	(716/447-64	by the second of
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ining below, I am	acknowledging:	personnel working at healthcare facilities, such as Ro
New York State	Regulations require that covered ated against COVID-19, and the firs	personnel working at healthcare facilities, such as Rot dose received by September 27.
ha fully vaccing	ited against Covid Tay and	
	and apportunity to be immuniz	ed with the COVID-19 vaccine at no charge.
	· · · · · · · · · · · · · · · · · · ·	
)	da reasonable accommodation bas	sed on medical reasons in place of the COVID-19 vaccing received from the below health care provider.
am requestioned	essary and based on advice I have	received from the party
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